

**KENTUCKY BOARD OF REGISTRATION
FOR PROFESSIONAL GEOLOGISTS**

**PO Box 1360
Frankfort, KY 40602**

**Application for Registration as
Professional Geologist**

FOR OFFICE USE ONLY

Date Received: _____

Application Fee \$50.00

FG Exam Fee: \$

PG Exam Fee: \$

Registration # _____

Date Issued: _____

Name (this is the way your name will appear on certificate)

Present place of employment

Address

Address

Address

Address

City State Zip

City State Zip

Home telephone number

Present employment telephone number

Home e-mail address

Present employment e-mail address

Social Security number

Title or Position

Date of Birth

Record of College Training:

College/University Name & Location	Dates Attended From To	Date of Graduation Month Year	Semester Hours Of Geology	Degrees Received

1. Exam Information:

A. Have you successfully passed either portion of the National Association of State Board's of Geology (ASBOG) Exam ? Yes ____ No ____ Fundamentals of Geology (FG) Date _____ Score _____
Practice of Geology (PG) Date _____ Score _____

Applicant's Name: _____

2. Record of Experience: Please provide a listing of your qualifying experience in the practice of geology beginning with the most recent position first. Attach a copy of a job description for each position listed and a letter from the supervisor verifying the time, dates, and nature of the experience.

Dates Mo/Yr From To	Title of Position	Employers Name and Address	Name of Supervisor

3. Registration and Licensure History:

- A. Do you now, or have you ever, held a state certification, licensure, or registration to practice geology? _____No _____Yes
- B. Have you ever been refused certification, licensure, registration or the renewal thereof? _____ No _____Yes
- C. Have you ever had a certification, license, or registration to practice geology or any other profession revoked, suspended, or otherwise acted against in a disciplinary proceeding? _____ No _____Yes

If 3A is answered "Yes" indicate the state(s) on next page and include a photocopy of each certification, license, or registration ever held. If 3B or 3C is answered "Yes" you must provide details as to the state, agency, or organization, certificate, license, or registration number, date and state reason on a supplemental sheet.

4. Legal History: Have you, or a partnership, or corporation of which you were a partner, officer, or director, ever been:

- A. Convicted of a crime in any jurisdiction which directly relates to the practice of geology or the ability to practice geology? _____ No _____Yes
- B. Indicted for, or convicted of, a felony in any jurisdiction? _____ No _____Yes
- C. The subject of an investigation, injunction, fine, or penalty concerning any alleged consumer, investor, or securities fraud in any jurisdiction? _____ No _____Yes
- D. A defendant in any jurisdiction in a civil action arising out of your practice of geology? _____ No _____Yes

If the answer to any of the above questions is "Yes" you must provide supplemental information of the details regarding the matter on a separate sheet.

Applicant's Name: _____

5. Demographic Information:

A. What is your current primary employment setting? (check one)

_____ Government Agency

_____ Private Industry or Business (single employer)

_____ Consulting (multiple clients or employer)

_____ Academic Institution

_____ Other (please describe) _____

B. What is your current primary area of practice? (check one)

_____ Environmental Geology/Hydrogeology

_____ Engineering Geology/Geotechnical

_____ Mineral Resources – Coal

_____ Mineral Resources – Oil and Gas

_____ Other (please describe) _____

C. All 50 states, plus Washington, DC and non-USA are listed below. For each state (including Kentucky) in which you are currently, or in the past, have been registered/certified/licensed as a professional geologists, please provide the following information:

Year of Registration, Certification, or Licensure (Include Number and How)

To indicate how you were registered, certified, or licensed, use: G = grandfathered, or exam waived; E= exam passed; R= reciprocity, or O=other. Leave other states blank.

STATE	YEAR	REG NO.	HOW (G/E/O/R)	STATE	YEAR	REG NO.	HOW (G/E/O/R)
AL				NE			
AK				NV			
AZ				NH			
AR				NJ			
CA				NM			
CO				NC			
CT				NY			
DE				ND			
FL				OH			
GA				OK			
HI				OR			
ID				PA			
IL				RI			
IN				SC			
IA				SD			
KS				TN			
KY				TX			
LA				UY			
ME				VT			
MD				VA			
MA				WA			
MI				WV			
MN				WI			
MS				WY			
MO				WASH DC			
MT				NON-USA			

Applicant's Name: _____

Affidavit

I do hereby swear or affirm that all statements and information provided herein are true, correct and complete to the best of my knowledge and belief. Any untrue or incorrect statement knowingly made by me on this application shall constitute grounds for such disciplinary action as the Board may determine appropriate.

I agree to fully cooperate in the processing of my application. I will furnish any additional information requested. I hereby grant permission to contact listed references, supervisors, or others who, in the judgement of the Board, may provide information concerning my qualification for registration, and to divulge information contained in the application or obtained in the evaluation of my qualifications, which is necessary to independently verify my qualifications.

Signature: _____ Date: _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same as a warrant of the statements therein contained, of his/her own free will.

Given under my hand and seal of office the _____ day of _____, 20_____

My commission expires _____
Notary Public